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NOTIFICATION.

No. S. R4-5910|53|RD.

In exercise of the powers conferred by sub-section (2) of Section 4 of the Dangerous Drugs Act, 1930 (Central Act II of 1930) the Government of Travancore-Cochin are pleased to make the following rules, the same having been previously published as required by Section 36 (1) of the said Act.

1. (a) These rules may be called the Travancore-Cochin Manufacture and Possession of prepared Opium Rules, 1953.

   (b) These rules shall apply to the whole of the State except to areas wherein the Travancore Opium Smoking Act, 1124 (Act XXIV of 1124) is in force.

   (c) These rules shall come into force immediately.

2. In these rules—

   (a) "The Act" means the Dangerous Drugs Act, 1930 (Central Act II of 1930);

   (b) "authorised agent" means a person authorised in writing by an opium smoker on his behalf to perform all acts for the registration of the opium smoker's name in the manner provided in these rules;

   (c) "Opium smoker" means a person who smokes prepared opium;

FORM A.

(See Rule 4)

APPLICATION FOR REGISTRATION UNDER TRAVANCORE-COCHIN MANUFACTURE AND POSSESSION OF PREPARED OPIUM RULES, 1953.

1. Name in full, religion, nationality, occupation ....
2. Age on the date of application ....
3. Evidence of age, if any ....
4. Identification marks or photograph of the applicant ....
5. Father's name, also husband's name in case of females ....
6. Permanent address ....

In towns.

The number of the holding, and the name of street or lane or of the locality.

In rural areas.

(1) Name of the Pakuthy, Muri or Village ....
(2) Police-Station ....
(3) Post Office ....

*7. Name, occupation and address of the authorised agent, if any ....

*8. Signature of the authorised agent ....

*9. Signature of person identifying the applicant and the genuineness of his signature or thumb impression ....

10. Date of application ....

Signature of the applicant or
his thumb impression.

Note—Items 7, 8, 9 marked with asterisk (*) are to be filled only when the application is made by an authorised agent, but not otherwise. In such cases the agent's written authority should be attached to the application together with the Assistant Excise Commissioner's order permitting the agent to submit the application.

CERTIFICATE.

I hereby certify that ...., son of .... whose age, according to his own declaration, is .... years and by appearance.......... years, is, to the best of my knowledge and belief, an addict to opium smoking.

.... (Place.)

.... (Date.)

Signed. ....

Registered Medical Practitioner.

Countersigned.

.... (Place.)

.... (Date.)

Signed. ....
Medical Officer not below the rank of a Deputy Surgeon in Active Service (Name and designation should be noted.)

FORM B.

(See Rule 10)

Register of opium smokers.

Division.

1. Serial number ....

2. Name of tha smoker in full, religion, nationality and occupation ....

3. Age, father's or husband's name ....

4. Evidence of age ....

5. Permanent address of the smoker ....

   In towns—The number of holding, the name of the Road street or lane or of the locality.

   In rural areas—Police-station, Pakuthy, Muri or Village, housa number.

6. Identification mark or thumb impression or photograph ....

Signature of the Asst. Excise Commissioner.

Statement of changes of residence.

Division.	Address.	New serial No. in the Division, if any.	Initial of the Asst. Excise Commissioner.

FORM C.

(See Rule 12)

Permit.

1. Serial number in the registers of smokers ....
2. Name of the registered smoker, his religion, nationality and occupation ....
3. Age ....
4. Father's name, in case of woman, also husband's name ....
5. Permanent address ....
6. Identification marks or photograph ....

Assistant Excise Commissioner.

Subsequent changes of address.

1.
2.
3.
4.
5.
6.

Subject to the orders of the Assistant Excise Commissioner, this permit shall remain in force so long as the holder of this permit performs and abides by the following conditions:—

Conditions.

(1) The holder shall manufacture "prepared opium" only from excise opium lawfully possessed.

(2) The holder shall not manufacture or possess more than 1 tola of prepared opium at one time.

(3) The holder shall not sell or attempt to sell prepared opium or assist any person, whether any registered smoker or not, in the manufacture of prepared opium.

(4) The holder shall not open, keep or use any place or permit any place to be used for the purpose of enabling two or more persons, whether registered or not, to meet together to smoke prepared opium or shall not remain in charge or manage or in any way assist in conducting the business of any place used or kept for the said purpose.

(5) The holder shall not assemble in any place with any other person, whether registered, or not, for the purpose of smoking prepared opium.

(6) If a registered opium smoker intends to change his place of residence permanently, he shall before leaving his residence report the change to the Asst. Excise Commissioner of the Division in which he is registered, stating fully his new address (including the name of the Division) and the date from which he will take up his new residence. When the change of residence is within the Division of registration, such opium smoker shall get the change of address recorded in his permit by the Asst. Excise Commissioner of the Division within three weeks of such change.

(7) If a registered opium smoker changes his residence permanently to a Division other than the Division of registration, he shall within thirty days of the date of the report of such change under rule 13 produce his permit before the Asst. Excise Commissioner of the Division in which he has taken up his residence for recording the change of residence.

(8) In March every year on a day fixed by the Asst. Excise Commissioner, every registered opium smoker shall produce before the Asst. Excise Commissioner either personally or through an authorised agent, his permit together with a declaration and medical certificate in Form D appended to those rules, for renewal of the permit. If the Asst. Excise Commissioner is satisfied with the declaration and medical certificate produced before him, he shall, unless there are special reasons to be recorded in writing, renew his permit for one year from the first day of April following.

(9) A permit in Form C which is not renewed or is not valid, shall be forthwith surrendered to the Asst. Excise Commissioner by the holder of the same.

(10) In case of death of the holder of a permit in Form C, the permit shall be returned to the Asst. Excise Commissioner within a fortnight of the death of such holder of the permit by the person who is in possession of the permit.

(11) The holder shall produce his permit for inspection by any Excise Officer not below the rank of a Preventive Officer of Excise.

N. B.—Infraction of any of the above conditions except Condition No. 10 by the holder of this permit will subject the holder of the permit to forfeiture of the permit and to all or any of the penalties prescribed by law.

Asst. Excise Commissioner.

....

Renewals.

FORM D.

(*See* condition 8 of Form C. of T-C Manufacture and possession of Prepared Opium Rules.)

Form of Declaration.

(To be filled by the applicant and sent to the Excise Officer in charge.)

I hereby solemnly declare that—

(i) my present age is..................years ;

(ii) my present consumption of opium is..............;

(iii) I manufacture................prepared opium for my personal smoking from opium held by me in lawful possession;

(iv) I undertake not to dispose of the opium in illicit channels.

(*Signature*)..................

Name (in block letters)................

Place....................Father's name..................

Date..............Village............Taluk...............

Division...................State......................

....

....

Certificate by Medical Officer.

I hereby certify that..................................son of.....................whose age, according to his own declaration, is..............years and by appearance.............. years, is, to the best of my knowledge and belief, an addict of opium smoking.

..............(Place)

..............(Date)

(Signed).......................

Registered Medical Practitioner.

Countersigned.

..............(Place)

..............(Date)

(Sd.)........................

Medical Officer not below the rank of a Deputy Surgeon in Active Service.

(Name and designation should be noted)

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